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Navy & Marine Corps Medical News
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Stories this week:

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MN013501. NNMC Assists Walter Reed Patients During Power Outage
By JO2 Ellen Maurer, National Naval Medical Center

Bethesda, MD - The National Naval Medical Center (NNMC) opened its doors to dozens of transfer patients Aug. 28 when Walter Reed Army Medical Center (WRAMC) suffered a power outage due to a fire involving several transformers on its Northwest campus. The mass transfer, involving 64 patients and several teams of military and civilian medical personnel from WRAMC, kept NNMC staff working into the night in an effort to organize the new inpatients.

According to NNMC Deputy Commander Capt. Tom Sizemore, MC, a patient transfer of this size is logistically difficult, so precautionary measures were taken by NNMC leadership to ensure the move went safely for each patient. At approximately 3:50 p.m, Sizemore, who was the acting commander, set the hospital into a mass casualty condition in order to draw enough manpower and triage services to sustain such a large influx of patient admissions.

NNMC Emergency Management Officer HMC Bill Phillips explains that a mass casualty condition is usually only set when there's been a major incident involving several severely injured people.

"While all the patients received from WRAMC were in stable condition, the higher state of alertness guaranteed that the transfer would go smoothly," said Sizemore.

"As the Flagship of Navy Medicine we must always be ready to assist," said Sizemore.

The unfortunate situation has provided NNMC with a very special opportunity, said Sizemore. "We were able to exercise our response system, with real patients, but not with patients involved in a mass disaster."
The patients were prepared, transported, received and appropriate care assumed without a single episode. "We can be very, very proud of the men and women who sprang into action and assisted in this endeavor," Sizemore said.

By helping family members from Walter Reed find out the ward to which their loved ones had been transferred, Customer Service Team Leader Cmdr. Nancy Bakalar, MSC, says her department prepared for the patient move as well. According to Bakalar, six of her staff members volunteered to stay late to assist with the mass transfer, coordinating with Patient Administration to get lists of the new patients and their current location at NNMC. She says her staff members even escorted people to the appropriate wards and helped them find their relatives and friends.

"We knew that some family members might be confused and concerned. We wanted to let them know that we would take care of them, as well as the patients," said Bakalar. For many staff members at NNMC, taking care of the patients first involved checking them in and finding them a bed. Hospitalman Jennifer Hattrich, Patient Administration, says that was no easy task. For Hattrich, who's been in the Navy for less than a year, it was a learning experience.

"It was kind of hectic for a while, to be honest, it was a long day. But we took care of everybody. I have to say, I think the reason we were able to get the job done is because we worked so well together as a team."

WRAMC staff members accompanying the patients agree that teamwork was key, citing feelings of gratitude to NNMC for lending a hand, and a home, during the power outage.

"It was really an Army/Navy team working toward a common goal of patient care," says Pediatric Nurse, Army 1st Lt. Aimee Venne. "Really, it's not about the facility; it's about the people."

Throughout the ordeal, patient care was never compromised," said Venne. "In fact, it was a rather fun transfer for one special girl that actually included a surprise birthday party.
Lexi Stein, who turned 9 years old, thought her birthday plans would have to be put on hold due to the power outage. According to her mom Kathy, Lexi not only got a ride in an ambulance, but the staff also had a special room in her ward at NNMC decorated in celebration, complete with streamers.
To her daughter, the transfer just seemed like a little vacation from her regular hospital surroundings, said Kathy. "It's something different, so she really

liked that.and the food."
"I am really happy that her nurses were able to come with us, added Kathy. "I really appreciate that, because they are the ones that really know her. Overall, I think it was just fun for her."
Lexi, along with most of the other patients, were transported back to WRAMC on Friday Aug. 31, after the hospital regained power and all services were fully restored.
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MN013502: Safety and Comfort for 20 Thousand Bundles of Joy

Washington, DC - It's big business at almost all of the Navy's military treatment facilities. A quarter of the patients spending the night at Navy hospitals aren't recovering from broken bones, gall bladder surgery or accident or illness. They're checking in for what might be the most momentous occasion in a family's existence - the birth of a baby.
Each year, about 20,000 babies are born in Navy hospitals stateside and overseas. Until 1997, each hospital had its own training and birthing programs for providers and parents-to-be.
Now, thanks to the Navy Birth Product Line Executive Board, a group of experts, training and birthing programs will be standardized Navy-wide, improving the safety and comfort of both mother and child.
"We looked at a number of factors to improve our birth services throughout the Navy," said LT Gina Savini, MSC, program manager for the Birth Product Line (BPL) initiative at the Bureau of Medicine and Surgery. "First on the list was standardizing the training and procedures for all healthcare providers involved with labor and delivery. One big advantage of this is that it makes it easier for healthcare providers to work together, wherever they are."
This also makes it more comfortable for moms who are having their second baby at a different Navy hospital.
"Moms will get the same information, the same preparation, at the second hospital that she did at the first," said Savini. "That makes it easier."
"Navy Medicine may have advantages over civilian hospitals in setting up standards - The Navy is able to draw on the expertise of staffs at 25 medical treatment facilities to set up best practices," said Savini.
"One example is preventing infections in newborns," said CDR Martin McCaffrey, chairman of the BPL Executive Board. "Group B Streptococcal infections can cause serious problems, even death in newborns."
Doctors can try to prevent infection from these bacteria in several ways. The BPL has identified that tests done on all pregnant women at 35-37 weeks will

best identify pregnancies at risk for this infection, and allow treatment sooner preventing disease. The BPL estimates that this policy, at all Navy birthing facilities, will save the lives of 2 infants per year and prevent serious infections at Navy birthing facilities.
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MN013503. Patient Leads Doc in Race to Find Cure
By HM2 William McIlvain, Naval Medical Center Portsmouth

Portsmouth, VA - Kelly Shanley, a 16 year old diabetes patient at Naval Medical Center Portsmouth, led her doctor, nurse, family members, and others on her team to victory in the American Diabetes Association's annual Bike-A-Thon.

Shanley's nine-member team, dubbed Kelly's Krowd, participated in the "Ride With Your Doc" category and raised $1946 in donations. She was presented a trophy at the awards ceremony.

Shanley has suffered from Type-1 diabetes since she was nine years old. She is a volunteer for Naval Medical Center Portsmouth as a goodwill ambassador for fellow diabetes patients new to the community, is an active member of diabetes support groups and the Volunteen Program sponsored by the American Red Cross, and mentors families with children diagnosed with diabetes.

"It was the `Ride With Your Doc' category that inspired me to be a team captain and I asked Dr. Watson to ride in the event," Shanley said.
"Doctor Watson" is CDR Mary Watson, MC, a pediatric endocrinologist. Also on Shanley's team were Christine Granaham, Ken Granaham, Susan Cotner and members of Shanley's family.

Christine Granaham is the clinical nurse manager of the pediatric endocrinology clinic at Portsmouth.

"We like to support our patients and help them become as healthy as they can be," Watson said. "Kelly was the catalyst, she kept us going and focused on the goal."

The team is excited about participating again next year.

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MN013504. Portsmouth Readies for Possible Mass Casualties
By JO3 Justin Takasawa, NMC Portsmouth

Portsmouth, VA - Somewhere in Tidewater, a train de-rails near a busy park and spills its load of dangerous chemical agents. Dozens of people are affected and need immediate treatment. Within minutes, regional hospitals have hundreds of people flooding their emergency rooms. How does a hospital prepare for a disaster like this?

Simple. You practice for it with a mass casualty

drill.

"A mass casualty drill is supposed to identify weaknesses or places where we can actually improve how we do business," said HM2 Jay Carson, Tidewater Navy Emergency Medical Services Coordinator, who helped put together a drill that took place in August.

There are many roles to be played in the drills. One role is that a of victim hurt in the disaster. Another role is that of rescuer-in-training, hospital corpsman from Navy Medical Center Portsmouth and other commands that are preparing for the worst.

"For a drill, I coordinate the assets," said Carson. "This was a regional drill so I was fortunate enough to have the location and scenario already picked out."

Portsmouth has its own emergency disaster plan that details what role each department plays in a real disaster. Each time a mass casualty drill is performed, it helps to update that plan to make it more efficient.

"We're taking all Navy assets and getting them coordinated so we can move smoothly and project confidence," said Carson. "When you have well trained people, they go out and make sure the people around them are well trained."

This drill scenario was more elaborate than most. It called for a train derailment near a park where people are watching a concert. One of the train's cars spills a dangerous chemical onto the park.

"We have a fire engine come over and set up a five thousand-gallon tank and shoot a fine spray of water," said Carson. "We carry everyone through to clean them and transfer them to another clean stretcher."

After the initial decontamination, the patients are evaluated to determine if they need further treatment.

"I'd like to see more corpsmen involved," said Carson. "That way we can be sure everyone is getting the proper training and is ready if the real thing does happen."

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MN013505. Headline: Pediatrician Recommends Kids Limit Juice Intake By CDR (Sel) Scott Clements, Naval Hospital Pensacola

Children are the largest single group of fruit-juice drinkers. Recently, experts have written new recommendations for juice in children's diets when it was found that inappropriate use of fruit juices increases the risk of malnutrition, diarrhea, stomach problems, and tooth decay.

Let's get clear about what we're discussing. For any liquid to be called fruit juice, it must be all fruit juice - any liquid with less than 100 percent juice is really just a fruit drink and often loaded with added sweeteners. The new recommendations, released by the American Society of Pediatrics, are for fruit

juices. As for fruit drinks - they generally have less nutritional value and should not make up a significant proportion of any child's diet.

Fruit juices are often good sources of Vitamin C and some juices or drinks may be fortified with calcium needed for bone and tooth growth. But juices have no significant protein, fat, or minerals, and they do contain large amounts of sugar. They are also low in fiber.

When juices are consumed in large quantities, they may cause diarrhea, stomach pain and gas. If they're used to replace a significant amount of formula or breast milk in the diet of infants, they may not get the nutrients they need and may become malnourished.

Fruit juices offer no nutritional benefit to infants younger than six months. Whole fruit offers the same or even better nutrition for infants older than six months and children.

Most juices available in stores are pasteurized, which means the juice is free of disease causing bacteria. Unpasteurized juice must contain a label that warns buyers the juice may contain organisms capable of causing serious disease.

In the interest of good health for infants and young children, the American Academy of Pediatrics (AAP) has outlined new recommendations for fruit juice in the diets of children. They include:

- Juice should not be given to infants younger than six months.
- Infants and toddlers should not be given juice in bottles or "sippy" cups that are easily carried. Use of such containers allows too much juice consumption during a day and may result in tooth decay.
- Infants should not be given juice at naptime or bedtime.
- For children ages 1-6 years, juices should be limited to 4-6 ounces per day. Juice intake for children age's 7-18 years should not exceed 12 ounces a day.
- Children should be encouraged to eat whole fruits as part of a balanced diet.
- Unpasteurized juice is not safe and should not be given to infants, children or adolescents.

The AAP further recommends that healthcare providers ask about fruit juice in the diet when evaluating children for such conditions as overweight, poor growth, stomach pain, gas, chronic diarrhea or tooth decay.

Clements is a board-certified pediatrician in the Pediatrics Department at Naval Hospital Pensacola, Fla.

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MN013506. TRICARE For Life Questions and Answers

Most of the 1.5 million Medicare-eligible TRICARE

beneficiaries age 65 and over have received their TRICARE For Life (TFL) packets by mail. The packets include educational materials and outlines the actions beneficiaries should take to make maximum use of the benefit on Oct. 1, 2001.

Many of these beneficiaries, however, have not used the Military Health System recently, and after reading the packet materials may still have questions about TLF.

Two questions that have repeatedly come up concern funding and supplemental insurance.

Question: Is the TFL benefit fully funded for Fiscal Year 2002?

Answer: Yes! The Department of Defense has included $3.9 billion in its budget request to Congress for FY 2002. The funds will be used to pay beneficiary co-payments and deductibles for Medicare-covered services, as well as TRICARE benefits not covered by Medicare, such as prescription drugs. We are confident that Congress will appropriate these dollars to fund TFL benefits.

Question: Will a beneficiary need supplemental insurance under TFL?

Answer: The Department of Defense cannot instruct beneficiaries to keep or drop Medicare supplemental insurance; however, TLF essentially provides wraparound health care coverage similar to supplemental policies, yet TFL has no premium costs.

For additional information on TLF, visit the TRICARE website at www.tricare.osd.mil.

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MN013507. Health Watch: The Bold and the Beautiful
By Aveline V. Allen, Bureau of Medicine and Surgery

What big beautiful eyes you have. How many times have you been complimented on this in your life? Are your eyes really big and beautiful or is it a sign of possible eye problems?

Although many people have big eyes normally, it may be a sign of thyroid eye disease. This disease, also known as thyroid ophthalmopathy, Graves' eye disease and dysthyroid eye disease, often surfaces in persons who have an overactive thyroid gland, but can also occur occasionally in those with normal or underactive glands. The thyroid gland is located in the neck area and functions to secrete a hormone that controls the metabolism and growth of the body. Graves' disease, a disorder of the immune system that affects thyroid, skin and eyes, generally causes the secretion of the thyroid gland to be increased by antibodies, and also may contribute to thyroid eye disease.

Thyroid eye disease most commonly occurs in persons who, in fact, have Graves disease (hyperthyroidism), but can also occur with other related thyroid conditions. Statistics show that approximately 40 percent of persons

with Graves' disease will develop thyroid eye disease.

Characteristics of this disease include eyelid retraction, eyes that are swollen with a "poppy" inflammation of the eyeball in the outer corners, redness of the eye, excessive tearing, double vision and visual blurring. People may also experience dryness, irritation, inability to close eyelids fully, puffiness and a tight feeling in the eye sockets.

"Though there are over 100 syndromes and diseases associated with bulging eyes, thyroid disorder remains the most important systemic disease associated with acquired bulging eyes in adults. Other causes of bulging eyes in a patient, who starts to notice one or both eyes have become protruded, include vascular disorders and many different types of tumors," said CAPT Keven Reed, MSC, Navy Specialty Leader for Optometry, Joint Readiness Clinical Advisory Board, Ft. Detrick, MD.

There are, however, a number of effective treatments for persons with this disease. Temporary relief includes using general lubricants for the eye (containing no preservatives), such as Tears Plus or Liquifilm Tears, cool compresses, sunglasses, elevation of the head at night while sleeping, medications or radiation to shrink tissues, and prisms for glasses. Eyedrops that decrease redness should not be used. Other treatment includes surgery of the eye socket or eyes, including lowering of the upper eyelids if they are abnormally raised, reducing the "poppyness" (proptosis) of the eyes, and for double vision, surgery to move the eye muscles. It is recommended that surgery not be performed until the eye disease is as stable as possible.

"Most patients with thyroid eye disease have symptoms related to exposure and dryness of the eyes, which can be managed with lubricants," said CDR David Klink, MC, Director of Neuro-Ophthalmology at the National Naval Medical Center, Bethesda, MD. "However, in some patients, the disease can be more severe and can even threaten a person's vision by compressing the optic nerve."

Management of thyroid eye disease should include careful medical checkups by both an Endocrinologist and an Ophthalmologist. Thyroid blood levels need to be closely monitored, which may help in preventing the eye problem from getting worse. Sometimes giving up smoking may help in alleviating the symptoms.

Many persons are usually concerned with two questions: Will their eyes get worse and/or will their eyes return to normal? Although nothing has been proven to be 100 percent effective, if a person's eyes have been mildly affected, they may return to nearly normal, which can take between 12 to 24 months. However, if the eyes are more severely affected, it is less likely that

the changes will go away, but expert treatment and, if required, carefully planned surgery can be very effective in improving the appearance of the eyes, in addition to helping greatly improve the overall situation.

"Most people with thyroid eye disease don't require surgery," said Klink. "For those who do, it can frequently be a relatively straightforward eyelid procedure."

Additional information for you and your family concerning this disease can be found by contacting the Thyroid Eye Disease Association at www.thyroid.ca/Guides/HG07.html or Thyroid Federation International at www.thyroid-fed.org.

As always, persons should consult their family ophthalmologist for eye care and treatment options, and/or an endocrinologist.